name.



(Original Application)

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

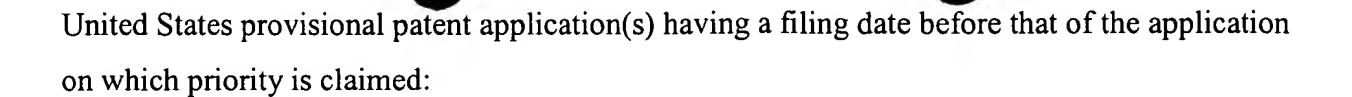
MULTILUMEN CATHETHER ASSEMBLY AND METHODS FOR MAKING AND INSERTING THE SAME

the specification of which is attached hereto and/or was filed on	_ as
Application No	
I hereby state that I have reviewed and understand the contents of the about	ve-
identified specification, including the claims, as amended by any amendment referred to	herein.
I acknowledge the duty to disclose information which is material to paten	tability
in accordance with Title 37, Code of Federal Regulations, Section 1.56.	
I hereby claim foreign priority benefits under Title 35, United States Code	е,
Section 119(a)-(d), of any foreign application(s) for patent or inventor's certificate listed	below
and have also identified below any foreign application for patent or inventor's certificate	having a
filing date before that of the application on which priority is claimed:	

FOREIGN PRIORITY APPLICATION(S)

NONE			Priority Claimed [] Yes [] No
(Number)	(Country)	(Day/month/year filed)	
			_ [] Yes [] No
(Number)	(Country)	(Day/month/year filed)	

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional patent application(s) listed below and have also identified below any



PROVISIONAL PRIORITY PATENT APPLICATION(S)		
NON	${f E}$	Priority Claimed [] Yes [] No
(Application No.)	(Filing Date)	
		Priority Claimed [] Yes [] No
(Application No.)	(Filing Date)	
And I hereby appoin	t the registered attorneys and ager	nts associated with AKIN,
GUMP, STRAUSS, HAUER & F	ELD, L.L.P., Customer No. 000:	570, as my attorneys or
agents with full power of substitution	on and revocation, to prosecute thi	is application and to transact
all business in the Patent and Trade	mark Office connected therewith.	
Address all correspo	ndence to Customer No. 000570,	namely, AKIN, GUMP,
STRAUSS, HAUER & FELD, L.	L.P., One Commerce Square, 200	5 Market Street, Suite 2200,
D1 '1	TO 1: (11 '	1 4 1 1 11 4.

Philadelphia, Pennsylvania 19103. Please direct all communications and telephone calls to **Lynda L. Calderone** at 215-965-1272.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.



inventor, if any	Timothy M. Schweikert	
Inventor's Signature		_
Date		
Residence	Levittown, Pennsylvania	
Citizenship	United States of America	
Post Office Address	121 North Park Drive Levittown, Pennsylvania 19054	

Full name of second joint inventor, if any	Anthony J. Madison
Date	
Residence	Lansdale, Pennsylvania
Citizenship	United States of America
Post Office Address	1338 Michael Way Lansdale, Pennsylvania 19446

Applicant or Patentee:
Application or Patent No.:

Timothy M. Schweikert and Anthony J. Madison

Filed or Issued:

For:

MULTILUMEN CATHETHER ASSEMBLY AND

METHODS FOR MAKING AND INSERTING THE SAME

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) and 1.27(c)) - SMALL BUSINESS CONCERN

I hereby declare that I am

[] the owner of the small business concern identified below.

[x] an official of the small business concern empowered to act on behalf of the concern identified below.

NAME OF CONCERN Medical Components, Inc.

ADDRESS OF CONCERN 1499 Delp Drive, Harleysville, Pennsylvania 19438

I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under Sections 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that U.S. rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention of the above-identified patent or patent application.

If the rights held by the small business concern are not exclusive, each individual concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

FULL NAME		
ADDRESS		
[] Individual	[] Small Business Concern	[] Nonprofit Organization
FULL NAME		
[] Individual	[] Small Business Concern	[] Nonprofit Organization
earliest of the issue	multiplement to small entity status pr	atent, notification of any change in status rior to paying, or at the time of paying, the ter the date on which status as a small
statements made on statements were made punishable by fine of Code, and that such	information and belief are believed the with the knowledge that willful or imprisonment, or both, under Sec	own knowledge are true and that all ed to be true; and further that these false statements and the like so made are ection 1001 of Title 18 of the United States ardize the validity of the application, any ified statement is directed.
NAME OF PERSON		dison
TITLE IN ORGANI	ZATION General Manager	
ADDRESS OF PER	SON SIGNING 1499 Delp Drive.	Harleysville, Pennsylvania 19438
(DATE)	-00 (SIGNATURE)	Tony Madison